Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL I									
TOTAL CLAIMS 72								RATE	FEE]	RATE	FEE								
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE		OR	BASIC FEE									
TC	TAL CHARGEA	BLE CLAIMS	23 min	nus 20=	* 6	* 63		X\$ 9=	567	OR	X\$18=									
INDEPENDENT CLAIMS			<i>U</i> minus 3 = *					X42=	267 47	1	X84=									
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT						10	OR										
* If the difference in column 1 is less than zero, enter					r "∩" i∽ -	olumn 2		+140=	66.	OR	+280=									
CLAIMS AS AMENDED - PART II								TOTAL	979	OR	TOTAL									
	С	(Column 1)	MENDEC	PAR - (Colur)		(Column 3)		SMALL I	ENTITY	OR	OTHER SMALL									
_		(COIUMIN I)		(Colui		(Column 3)				, ,										
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=									
AME	Independent	*	Minus	***		=		X42=		OR	X84=									
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=									
										IOH	1 - 1 - 1 - 1									
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
_		(Column 1)	7	(Colui	AND DESCRIPTION AND DESCRIPTIO	(Column 3)														
AMENDMENT B		REMAINING AFTER AMENDMENT	,	HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=									
AME	Independent	*	Minus	***		=		X42≈		OR	X84=									
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=									
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
	. (Column 1) (Column 2) (Column 3)																			
AMENDMENT C	٥	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=		X\$ 9≃	,	OR	X\$18=	_ <u> </u>								
	Independent	*	Minus	***		=-	}	X42=			X84=	ļ———								
	FIRST PRESENTATION OF MU		JLTIPLE DEPENDEN		T CLAIM	IM 🔲		A42=		OR	∧04≅ ————————————————————————————————————	 								
	if the act.	ma d to to			. 101	h 5		+140=		OR	+280=									
**	If the "Highest Nur	mn 1 is less than the mber Previously Parents Previously Parents Previously P	aid For" IN THI	S SPACE i	is less tha	n 20, enter "20."		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
	The "Highest Num	imber Previously Pai	aiu ror in THI id For" (Total oi	s SPACE independ	is iess tha ent) is the	ய 3, enter "3." highest number			** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											